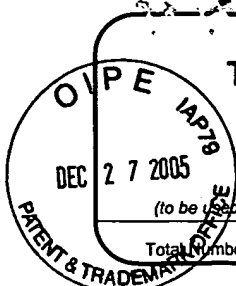
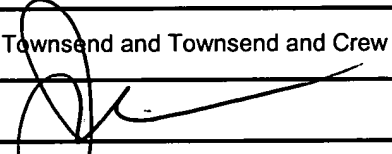


| | | | | |
|--|---|--|----------------------|---------------------------|
|  | TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Application Number | 10/775,357 |
| | | | Filing Date | February 9, 2004 |
| | | | First Named Inventor | KONSTANTINO, EITAN |
| | | | Art Unit | 3763 |
| | | | Examiner Name | WILLIAMS, CATHERINE SERKE |
| | Total Number of Pages in This Submission | | 5 | Attorney Docket Number |

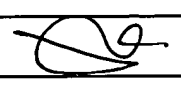
ENCLOSURES (Check all that apply)

| | | |
|--|--|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard PTO/SB/08A & PTO/SB/08B |
| Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | Townsend and Townsend and Crew LLP | | |
| Signature |  | | |
| Printed name | James M. Heslin | | |
| Date | December 21, 2005 | Reg. No. | 29,541 |

CERTIFICATE OF TRANSMISSION/MAILING

| | | | |
|---|---|------|-------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | |
| Signature |  | | |
| Typed or printed name | Tiffany Wu | Date | December 22, 2005 |

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On 12/22/05

TOWNSEND and TOWNSEND and CREW LLP

PATENT
Attorney Docket No.: 021770-000910US



Tiffany Wu

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

EITAN KONSTANTINO

Application No.: 10/775,357

Filed: February 9, 2004

For: FACILITATED BALLOON
CATHETER EXCHANGE

Examiner: WILLIAMS, CATHERINE
SERKE

Art Unit: 3763

SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT UNDER 37
CFR §1.97 and §1.98

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. Copies of the references are not enclosed.

It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

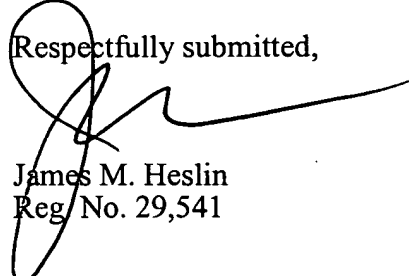
As provided for by 37 CFR §1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

12/29/2005 WADDELRI 00000058 201430 10775357
01 FC:1806 180.00 DA

This IDS is being filed before the mailing date of the final Office Action or
Notice of Allowance.

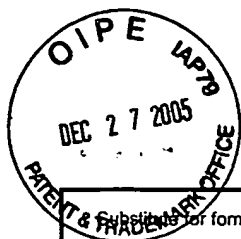
Please charge the IDS fee of \$180 to Deposit Account No. 20-1430. Please
deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



James M. Heslin
Reg. No. 29,541

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, California 94111-3834
Tel: 650-326-2400
Fax: 650-326-2422
JMH:tfw



| | | | | | |
|---|---|----|--------------------------|---------------------------|-----------------|
| INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary) | | | Complete if Known | | |
| | | | Application Number | 10/775,357 | |
| | | | Filing Date | February 9, 2004 | |
| | | | First Named Inventor | KONSTANTINO, EITAN | |
| | | | Art Unit | 3763 | |
| | | | Examiner Name | WILLIAMS, CATHERINE SERKE | |
| Sheet | 1 | of | 1 | Attorney Docket Number | 021770-000910US |

| U.S. PATENT DOCUMENTS+ | | | | | |
|------------------------|-----------------------|---|--------------------------------|--|---|
| Examiner Initials* | Cite No. ¹ | Document Number Number Kind Code ² (if known) | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
| | 1 | 6,129,706 | 10-10-2000 | Janacek | |
| | 2 | 6,485,457 B1 | 11-26-2002 | Hisamatsu et al. | |
| | | | | | |
| | | | | | |

| FOREIGN PATENT DOCUMENTS | | | | | | | | |
|--------------------------|-----------------------|---------------------------|---------------------|-----------------------------------|--------------------------------|--|--|--------------------------|
| Examiner Initials* | Cite No. ¹ | Foreign Patent Document | | | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear | T ⁶ |
| | | Country Code ³ | Number ⁴ | Kind Code ⁵ (if known) | | | | |
| | | | | | | | | <input type="checkbox"/> |
| | | | | | | | | <input type="checkbox"/> |
| | | | | | | | | <input type="checkbox"/> |

| NON PATENT LITERATURE DOCUMENTS | | | |
|---------------------------------|-----------------------|---|----------------|
| Examiner Initials * | Cite No. ¹ | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published. | T ² |
| | | | |
| | | | |

| | | | |
|--------------------|--|-----------------|--|
| Examiner Signature | | Date Considered | |
|--------------------|--|-----------------|--|

* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.